Burn Injury as a Result of Interpersonal Violence in the Northern Territory Top End

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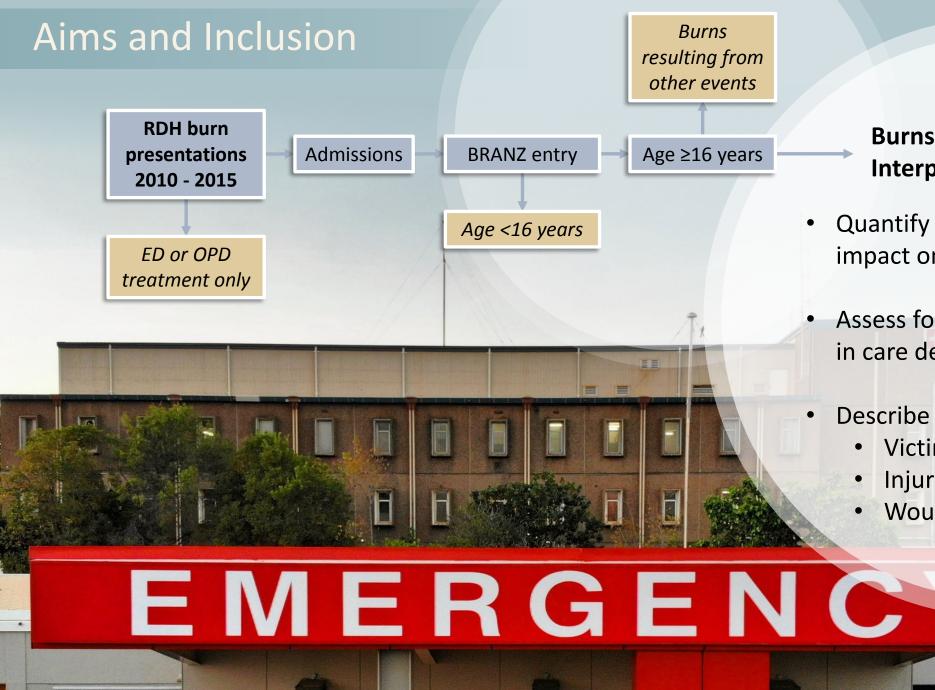
HREC 2015 - 2479

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"Domestic violence is a **contagion**. In the Aboriginal communities of the Northern Territory it is literally **out of control**. As a Local Court Judge I witness it most days. As the Coroner I see the terrible lives these women endure and their horrifying deaths."

Judge Greg Cavanagh 2016

Background



Burns resulting from Interpersonal Violence

 Quantify IPV burn incidence and impact on local healthcare system

Assess for areas of improvement in care delivery

- Describe IPV burn:
 - Victim demographics
 - Injury circumstances
 - Wound characteristics

Methods

- BRANZ database:
 - Cohort identification
 - Gender
 - Burn mechanism and distribution
- RDH database:
 - Ethnicity
- RDH clinical records:
 - IPV burn admission descriptions

AMBULANCE

The People

	IPV		≠ IPV	
Sex	n	%	n	%
Female	28	53%	171	26%
Male	25	47%	488	74%

	IPV		≠ IPV	
Ethnicity	n	%	n	%
Indigenous	44	83%	141	21%
Non-Indigenous	9	17%	518	79%

- 712 admissions
 - 53 = IPV (7.4%)
 - 659 = non-IPV
- 53% of IPV burns occur in females
 - IPV burn victims 2.3x more likely to be female
- 83% of IPV burns occur in Indigenous persons
 - IPV burn victims 17x more likely to be Indigenous

Region	n	%	
Outer regional NT	33	62%	1
Remote NT	4	7.5%	
Very remote NT	15	28%	
Outside NT	1	1.9%	

The Places

Nhulunbuy

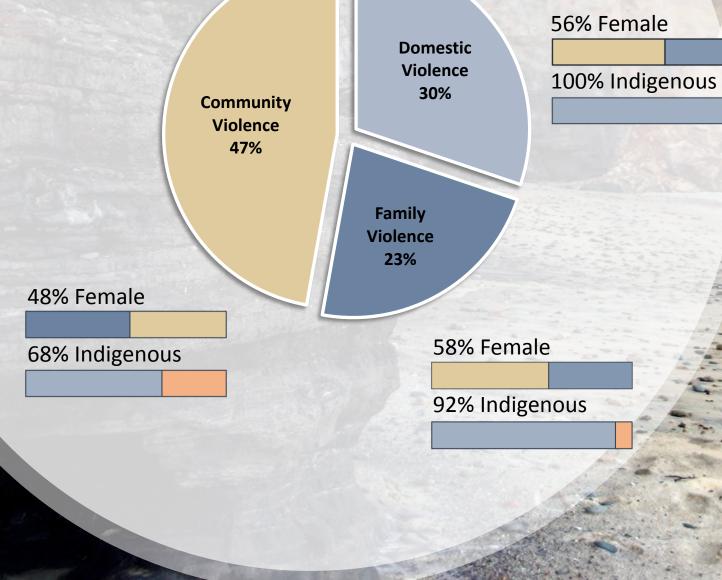
Darwin

Katherine

Brite

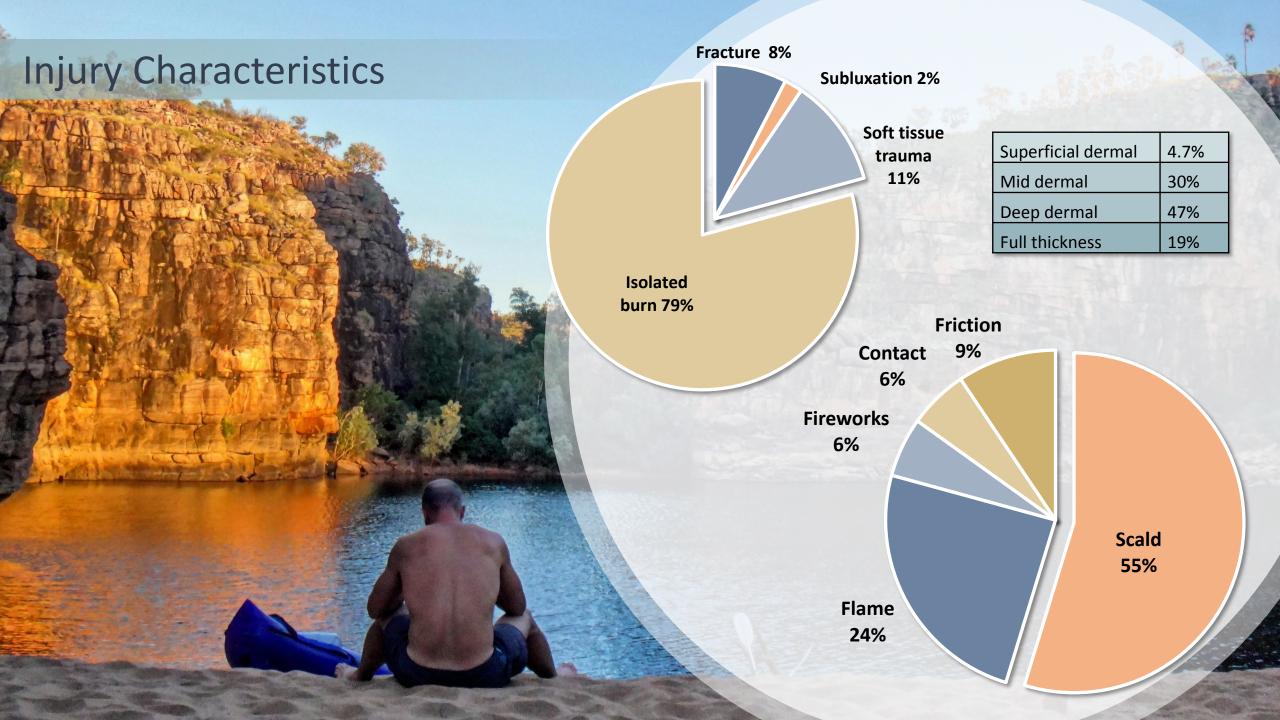
57% victim alcohol or drug use at time of injury

The Events



Domestic Violence: within intimate partner relationship

- Family Violence: blood or adoptive relatives, outside of intimate partner relationship
- Community Violence: outside of family or intimate partner relationship



Impact on RDH

- 53 admissions
- 483 bed days
 - Range 1-26 days
 - Median length of stay 8 days
- 5 Critical Care Unit admissions
- 81% required surgical intervention
 - Range 1-5 theatre visits
- 36 wound excisions
- 14 split thickness skin grafts

Burn First Aid Treatment

Adequate BFAT 6% Some attempt 24%

> No attempt 70%

- Adequate BFAT = 20 minutes cool running water
- No attempt at BFAT in 70% (n=37)
 - 3 received adequate first aid
 - 13 received attempted BFAT
- 16 arrived at RDH within 3 hours of burn
 - 3 received adequate first aid prior to presentation
 - Remainder did not undergo further in-hospital BFAT

Psychosocial Support

- 79% received inpatient psychosocial support (ILO or SW)
- 19% (n=10) took own leave
 - Includes 7 who received inpatient ILO or SW consult

No psychosocial input 21%

> Indigenous liasion 19%

Social work

21%

SW + ILO 39%

- Retrospective design
- Unknown accuracy/completeness of history, examination and clinical records
- Unverified BRANZ allocation
- Single site in region serviced by other facilities
- Unique Top End setting

Limitations and Conclusions

- 7.4% of burn admissions
- Median burn TBSA of 4.5%
- Mean number of theatre visits = 1.2
- IPV burn victims 2.3x more likely to be female and 17x more likely to be Indigenous than non-IPV burn victims
- 57% used alcohol or other drug use at time of injury
- 94% received no BFAT or inadequate BFAT
- 19% took their own leave

References

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Thank you!

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